PTO/S8/30 (10-01)
Approved for use Brough 10/31/2002. ONS 0651-2001
U.S. Patent and Trademant Officer. U.S. GEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Chilli control number.

## REQUEST

FOR

## CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria, VA 22313-1450

| Application Number     | 10/084,390          |  |  |  |
|------------------------|---------------------|--|--|--|
| Filing Date            | February 27, 2002   |  |  |  |
| First Named Inventor   | Jeffrey M. Getchius |  |  |  |
| Art Unit               | 2163                |  |  |  |
| Examiner Name          | A. Kindred          |  |  |  |
| Attorney Docket Number | 01-1005 RCE 1       |  |  |  |

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| 1.   | Su  | ıbmissio  | n require                             | ed under 37 C.  | <u>F.R. § 1</u> | .114           |          |      |                               |                     |
|--|---|---|---------------------------------------|-----------------|-----------------|----------------|----------|------|-------------------------------|---------------------|
|  | a. Previously submitted i. Consider the amendment(s)/reply previously filed on  |   |                                       |                 |                 |                |          |      |                               |                     |
|  |   | ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on |                                       |                 |                 |                |          |      |                               |                     |
|  | <b>b</b> .  | Ø Encl  | osed<br>Amend<br>Affiday              | ment/Reply      | n(s)            |                | iii. C   | ) in | nformation Disclosure St      | atement (IDS)       |
| 2.   | Mi  | scellane  |                                       |                 |                 |                |          |      |                               |                     |
|  | a I Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a                        |   |                                       |                 |                 |                |          |      |                               | F.R. 1.103(c) for a |
|  | period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.117() required)                         |   |                                       |                 |                 |                |          |      |                               |                     |
|  | b. Other  |   |                                       |                 |                 |                |          |      |                               |                     |
| 3.   |   |   |                                       |                 |                 |                |          |      |                               |                     |
|  | a.   The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-2347 |   |                                       |                 |                 |                |          |      |                               |                     |
|  | i. ⊠ RCE fee required under 37 C.F.R. 1.17(e) \$790.00  |   |                                       |                 |                 |                |          |      |                               |                     |
|  |   | ii. 🔲   |                                       | ion of time fee | (37 C.F.F       | t. 1.136 and 1 | .17) \$  |      | <del>-</del>                  |                     |
| •  | iii. ☐ Otherenclosed  |   |                                       |                 |                 |                |          |      |                               |                     |
|  | c Payment by credit card (Form PTO-2038 endosed)  |   |                                       |                 |                 |                |          |      |                               |                     |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |   |   |                                       |                 |                 |                |          |      |                               |                     |
| <u> </u>   |   | 0011  | 10,000                                |                 |                 |                |          |      |                               |                     |
|  |   |   |                                       | SIGNATU         | RE OF A         | PPLICANT,      | ATTOP    | NE   | Y, OR AGENT REQUIRED          |                     |
| Na   | 779   | (Print  | / Type)                               | Joseph R. Pipim | ieri            |                |          | Regi | stration No. (Attornay/Agent) | 40,760              |
| S/g  | natu  | ne e  |                                       | \\ \d           |                 |                | <u> </u> | Date | April 20, 2005                |                     |
| CERTIFICATE OF FACSIMILE TRANSMISSION  |   |   |                                       |                 |                 |                |          |      |                               |                     |
| ┝  |   |   | · · · · · · · · · · · · · · · · · · · |                 |                 |                |          |      |                               |                     |
| I hereby certify that this document is being transmitted via facsimile to the Patent and Trademark Office on the date shown below.   |   |   |                                       |                 |                 |                |          |      |                               |                     |
| Na   | me  | (Prin   | ( / Type)                             | Chooliga R. An  | dersen          |                |          |      |                               |                     |
| Sig  | netu  | re  |                                       | Milia           | <u>Z</u>        | Such           |          | Dete | April 20, 2005                |                     |
|  | _   |   |                                       |                 | <del> </del>    |                |          |      |                               |                     |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Commissioner for Patents, Mat Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450.

PAGE 4/17 \* RCVD AT 4/20/2005 5;08:03 PM [Eastern Daylight Time] \* SVR:USPTO-EPXRF-1/6 \* DNIS:8729306 \* CSID:9727183946 \* DURATION (mm-ss):07-16